

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90031 049 ***150.00

DOCUMENT # P03000088687 <small>1. Entity Name</small> DUVALIMITED, INC.			
<small>Principal Place of Business</small> 2709 ESTERO BLVD FORT MYERS BEACH, FL 33931		<small>Mailing Address</small> 2709 ESTERO BLVD FORT MYERS BEACH, FL 33931	
<small>2. Principal Place of Business - No P.O. Box #</small> 1750 Estero Blvd		<small>3. Mailing Address</small> 1750 Estero Blvd	
<small>Suite, Apt. #, etc.</small>		<small>Suite, Apt. #, etc.</small>	
<small>City & State</small> Fort Myers Beach FL		<small>City & State</small> Fort Myers Beach FL	
<small>Zip</small> 33931		<small>Country</small> USA	
<small>4. FEI Number</small> 20-0161018		<small>Applied For</small> <input type="checkbox"/> Not Applicable	
<small>5. Certificate of Status Desired</small> <input type="checkbox"/>		\$8.75 Additional Fee Required	
<small>6. Name and Address of Current Registered Agent</small> SNELL, MARY V ESQ. 1833 HENDRY ST. FT. MYERS, FL 33902		<small>7. Name and Address of New Registered Agent</small> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<small>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.</small> SIGNATURE <u><i>Chick McQuinn</i></u> 4-1-07			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		<small>9. Election Campaign Financing Trust Fund Contribution.</small> <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	PD DUVAL, CHRISTOPHER M 2709 ESTERO BLVD FORT MYERS BEACH, FL 33931	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	VD DUVAL, PAUL A 5 MANARD CT. GREENSBORO, NC 274075330	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	STD DUVAL, JAYE R 2709 ESTERO BLVD FORT MYERS BEACH, FL 33931	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	D DUVAL, MADELINE F 5 MANARD CT. GREENSBORO, NC 27407	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<small>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</small>			
SIGNATURE: <u><i>Chick McQuinn</i></u>		Date <u>4-1-07</u> Daytime Phone # <u>239-851-8520</u>	